

Pat A. Bon  
Patological Specimens

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM 10-876)

SERIAL NO.

09791-903

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
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TOTAL IND.	2		1			
TOTAL DEP.	28		25			
TOTAL CLAIMS	30		26			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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